

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prescription medications (Neurontin, Celebrex and Zoloft – received during dates of service 9/22/01 through 1/21/02) were found to be medically necessary. The other prescription medications (Hydrocodone/Apap, Alprazolam, Carisoprodol, Diazepam and Butalbital received from dates of service 3/25/02 through 6/15/02) were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medication (Neurontin, Celebrex and Zoloft) charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 9/22/01 through 6/15/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 31, 2002

Amended December 5, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-02-3093-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed DO with a specialty and board certification in anesthesiology. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The claimant in this case sustained a work-related injury on ___ when bending over to check a V.I.N. from a vehicle at her work place. After bending over, she perceived back and neck pain and was unable to straighten up. She was soon hospitalized and had surgery (cervical laminectomy) in July of 1996. She went on to have a lumbar L5-S1 discectomy in the latter half of 1997. She continued to have complaints of cervical spine and upper extremity discomfort as well as other unusual somatic disturbances. A second cervical surgery was performed in October 1998. There appeared to be improvement with regard to reduction of pathologic neurological indicators, yet she continued to voice complaints of cervical pain. During this lengthy course she was maintained on various combinations of medication including nsaid, narcotic analgesics, muscle relaxants, Benzodiazepine and anticonvulsants.

DISPUTED SERVICES

Under dispute is medical necessity for prescription medications rendered from 9/22/01 through 6/15/02.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer agrees that Neurontin and Celebrex are warranted in the treatment of neuropathic pain and degenerative spine disease. The reviewer also finds treatment for depression with Zoloft in this case is reasonable.

The reviewer does not find long-term treatment with narcotic analgesics and Benzodiazepene and muscle relaxants to be reasonable in this particular setting.

As ___ stated, there is sufficient documentation to indicate that a psychosomatic disorder is likely to be an issue with this claimant. Further, with an expanded smoking history, there is a similar addiction syndrome where narcotics and Benzodiazepene are concerned.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,